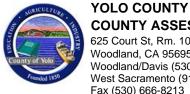
QUALIFIED LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

(Make necessary corrections to the printed name and mailing address)	
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental The exemption claim is made for the following property: (if there are property and	
	MARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive right	it to possession and use of the property.
	e property qualifies for the free public library, free museum, public school, niversity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of th (one dollar) or any other nominal sum.	ne lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above will result in denial of one time reporting treatment for the exemption.	ve statement(s) is provided. Failure to submit/complete the lessee's affidavit A separate affidavit is required of each lessee.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFEIDAVIT FOR EVECUTION BY OUAL EVING INSTITUTIONAL LESS

AFFIDAVIT F NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	property	
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being lease	d, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	I
	USE	
Yes No The lessee institution has (one dollar) or any other n	the option at the end of the lease term of acquiring ominal sum.	the above property described in the lease for \$1
CERTIFICATION		
Lostify (or dealare) under populty of perium under the laws of the State of California that the foregoing and all information because including and		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing	and all information hereon, including any	
accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
	DATE	

	()	
EMAIL ADDRESS	DAYTIME TELEPHONE	
NAME OF PERSON MAKING CLAIM	TITLE	
SIGNALURE OF PERSON MAKING CLAIM	DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

